Mythology and the brahmanization of Indian medicine: transforming heterodoxy into orthodoxy

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Introduction: a historic overview

Based on the available literary sources, the history of Indian medicine may be divided into three main phases. The first or Vedic phase dates from about 1200-800 B.C.E. Information about medicine during this period derives from numerous curative incantations and references to healing rituals found in the *Atharvaveda* and to a much lesser extent in the *Rgveda*. The second or “classical” phase is marked by the advent of the first Sanskrit medical treatises, the *Caraka* - and *Susruta* - *Sambitas*, which probably date from a few centuries before to several centuries after the common era. This period includes all subsequent medical treatises dating from before the Muslim invasions of India at the beginning of the 11th century - for these works tend to follow closely the earlier classical compilations. The third or “syncretic” phase is indicated by clear influences on the classical paradigm from Islamic or Unani and other non-classical medical traditions, as witnessed in Sarngadhara’s *Sarngadhara Sambita*, dating from the 14th century, and Bhavamisra’s 16th century *Bhavaprakasha*. The time span for this phase extends from the Muslim incursions to the present era. This threefold division of Indian medical history is simply our working model, providing a convenient orientation to the vast subject matter.

A crucial problem that has bothered historians of this subject is the intersection between the first two phases. Simply stated, the issue centres on an explanation for the epistemological distance between the approach to healing in the Vedic hymns and incantations, focusing on demons of disease and their removal by means of exorcism, and the approach codified in the classical medical compilations, centring on an aetiology and therapy based on a system of three “humours”. Although there is some evidence of the former in the latter, the reverse is not at all the case. It is reasonable to assume, therefore, that a change in medical thinking, or, according to the historian of science Thomas Kuhn, a “paradigm shift”, must have occurred some time between the end of the Vedic and the beginning of the classical phase (c. 800-100 B.C.E.).

Traditional Indian medicine does not recognise this break in its medical ideology, but rather notices a continuity from Veda to *ayurveda*, and makes Hindu divinities the ultimate fountains from which medical knowledge issued. We may simply accept this traditional point of view and proceed to evaluate Indian medical history according to it. However, if we consider that such a position offers an inadequate explanation of its own medical history, we may seek a more plausible solution by re-examining the period in question from a wider perspective of social and religious history. A close investigation of the Vedic sources reveals the presence of a particular vocabulary pertaining to medicine, elements of which derive from different levels of the society. The specialised vocabulary that was used in the medical hymns was maintained and developed by magicians who mastered the art of healing. These Vedic healers, who originally probably came from agrarian communities, supplemented their understanding of the local flora and healing techniques with wisdom they gained by observing the higher class priests who specialised in sacrificial rites and used efficacious words and actions to influence and control the cosmic forces. By combining their expertise in manipulating the spirits to rectify a physical wrong with potent words learnt from the ritualists of the sacrificial cults, the healers themselves became powerful priests in the realm of curing, and probably modelled themselves after the higher order priests who clearly maintained a superior social status. As a result, these medical priests likely enjoyed considerable prestige in Vedic society, being equated to the twin healing deities, the Asvins; served the needs of all peoples regardless of their social ranking; and were often compensated quite handsomely for their skills. Vedic sources also inform us that the physician’s
seemingly privileged position declined toward the end of the Vedic phase. This change in the physician's social standing could well have been the circumstance that helped bring about a different mode of medical thinking which, at its core, runs counter to the ideology of Hindu orthodoxy as it is reflected in the socio-religious attitudes of the sacrificial cults.

Traditionally, the orthodox priests were regarded as the purest members of society and, fearing contamination, maintained a strict distance and separation from those elements considered to be impure and polluting. Utilising the sacred scriptures of the sages (i.e., the Vedas), these priests ordained that healers were corrupt as a result of the defilement they incurred from contact with unclean people. Healers, therefore, must be avoided and, more importantly, excluded from sacred rites. This priestly attitude became part of Hindu Law, established in the law books beginning with the Manusmrti (c. 200 B.C.E.). The official social attitude towards doctors sanctioned by the brahmans helped to bring about a major "paradigm shift" in medicine, which may well have emerged gradually over the course of time.

Already in the Atharvaveda, we notice that healers had extensive knowledge of the local flora, implying that their sphere of activity extended beyond the inner circle of priestly purity and hierarchy. In fact, it readied to the frontiers of the society where contact with native peoples provided them with specific knowledge about the healing efficacy of various plants unknown to the sacrificial cults. The exclusion of healers by the ritual priests was likely the result of an ongoing tension between two types of specialists vying for the place of prominence in society. The priestly denigration of healers and their craft seemingly forced the medical practitioners to the fringes of society, where they eventually found fellowship with other displaced individuals. During the later Vedic period, different ascetic movements began to emerge. The ideology of these groups likewise tended to run contrary to that of the mainstream sacrificial cults. Members of these currents included mendicant and wandering ascetics who renounced the trappings of orthodoxy and abandoned family and society for the wilderness in search of spiritual truths that the sacrificial religion could not provide. In short, these religious ascetics became marginalized members of society, who included among others the Buddhists. They sought knowledge about themselves and the world around them not by the transmitted wisdom of the ancient sages but by an engagement with the world and an intuition fostered by and representative of their continual involvement in reflective thought and meditation.

Early Buddhist literature, preserved in the Pali language, reveals that Buddhist ascetics or bhikkhus understood themselves and their relationship to their environment in ways similar to those described in the classical ayurvedic treatises. A shared intellectual curiosity seems to have existed between these mendicants who were on a spiritual journey and the transient healers whose special craft led them to places and peoples from whom useful medical knowledge could be obtained. The effect of this intellectual disposition was that both the physicians and the ascetics were receptive to new ideas when and where they encountered them. A rapport soon developed between the religious renunciants and the physicians who, like the mendicants, tended to be wanderers frequenting the untamed regions of the forest. It is already implicit in the Atharvaveda that healers would traverse the countryside practising their skills and searching for new cures and medical information. In all but dress and certain religious beliefs and practices, physicians were virtually indistinguishable from the ascetics whom they might often have encountered on their travels.

A repository of medical information soon developed among the healers who, unhindered by orthodox strictures and taboos, began to conceive a radically new epistemology with which to codify the growing body of medical data. The ascetics also seem to have participated in the process of systematising medical knowledge. Indeed, evidence in the Pali sources indicates that the Buddhists were perhaps the principal renunciant thinkers who aided in the
organisation, development and dissemination of Indian medical theories and practices. In a significant way the intellectual freedom enjoyed by the heterodox renunciants, especially the Buddhists, in a very real way fostered new ways of thinking medically.

We shall now examine how the repository of medical information was transformed into a Hindu science. In order to do this, we shall first explore the notion and function of brahmalization and the importance of mythology, and then examine how both apply in the case of early Indian medical literature.

I

In his book Righteous Rama, J.L. Brockington explains brahmanization as a literary technique of altering a text and a story in the direction of brahmanical orthodoxy. While Brockington's explanation applies to orthodox Hindu literature, I should like to extend it include both orthodox and heterodox texts. In this way, brahmanization would also involve the process of superimposing orthodox ideas on material that is largely heterodox by the use of mythology.

Myths serve important functions for different people the world over. They help define culture and establish a population's identity and orientation toward life. One only need look into the biblical myths of creation to learn about the Judeo-Christian altitude toward the world and its orientation to time. For example, based on the Book of Genesis, people in the west maintain an position of dominion over their environment and plan their activities around a week of seven days.

Because of their place of primacy in peoples' lives, myths have also served to sanction and legitimise new and different ways of thinking and acting. I hope to show that it was precisely this function of myth that was utilised by the Hindu intellectual elite in ancient India to appropriate a well-established and useful corpus of medical knowledge.

We have noticed that an incredible paradigm shift occurred in medical thinking from the Vedic to the classical phase. Key players in the process seem to have been the heterodox ascetic traditions, principally Buddhists, who helped to bring about the earliest extant codification of medical knowledge. The conversion of this medical lore into the orthodox Hindu tradition of ayurveda, as expounded in the two classical compendia of Caraka and Susruta, required another step. This involved the transformation of a largely heterodox repository of medical knowledge into an orthodox brahmanic science by the application of a Hindu veneer which used a Hindu mythological structure to sanction this new source of useful knowledge. The completion of this process marks the beginning of the “classical” phase of Indian medical history.

In order to begin to understand the way in which the brahmanization of Indian medicine took place, we shall explore the opening verses of the classical compendia, since these parts, like all Hindu Sastras, contain the traditional myths that recount the divine origin of the science and its transmission to humans.

The Caraka Sambhita, Sutrasthana 1.2-40, tells the story of medicine in this way. The powerful ascetic Bharadvaja, desirous of longevity, came to Indra, the protector and lord of the gods, to obtain the science of medicine. Indra had previously received the entire of ayurveda from the twin horsemen healers, the Asvins, who got it from Prajapati, the Lord of Beings, who in turn obtained the whole of the science from Brahma, the creator of the universe.

It would have been sufficient in the Hindu context to establish the origins of medicine by means of this unbroken transmission from divine to semi-divine entities. However, from what appears to be an interpolation, the text continues to explain how medicine was brought to humankind.

When disease began to impede humans in their religious practices, great ascetic sages, who were receptacles of the knowledge of Brahman and full of sympathy for all beings, gathered on an auspicious side of the Himalayas to discuss the problem of human disease and its solution. The religious practices that were inhibited by disease...
were those observed by most pious Hindus and included austerities (tapas), avoidance of unwholesome thoughts and actions (apavasas), study of the Veda (adhyayana), celibacy before marriage (brahmacarya), and religious observances (vrata).

These holy men posited that a physical state devoid of disease was the proper condition in which to pursue the caturvarga or four aims of Hinduism, viz. righteousness (dharma), prosperity (artha), sensual and mental enjoyment (kama), and final release from the round of rebirths (moksa). The state of disease, on the other hand, destroyed this condition, as well as welfare and life, thus making disease the greatest obstacle in life. The ascetics began to meditate on what to do about the problem of disease. With their divine eyes, they saw Indra, their protector, who could explain to them the proper means to remove disease.

In this part of the myth, brahmanic ideology is clearly advocated in the forms of the typical Hindu practices and the traditional four aims of Hinduism. It is no accident that these central doctrines of Hinduism are inserted early along with the story. Westerners wonder if it came directly from the god Indra or from the semi-mythical Bharadvaja. They noticed that medical epistemology was given to Atreya, so we are left to ponder if it came directly from the god Indra or via the semi-mythical Bharadvaja.

In any case, these central tenets of Hinduism were introduced into the story as the key figure providing the link between gods and humans. Agnivesa is given special mention because his treatise was eventually redacted by Caraka and Drdhabala into what is now the Caraka Samhita. Moreover, in this traditional telling, it is unclear how the knowledge of medicine was given to Punarvasu Atreya, who was introduced into the story as the key figure providing the link between gods and humans. The Caraka Sambita never tells us who gave medical knowledge to Atreya, so we are left to wonder if it came directly from the god Indra or via the semi-mythical Bharadvaja.

A later text, the Astangahrdaya Sambita (see...
below) states that it came directly from Indra. If indeed this is the way the later tradition understood the transmission process, what significance did Bharadvaja have in this early account. The eleventh century commentator on Caraka, Cakrapanidatta, being puzzled by the problem, offers a possible solution. He suggests that Indra gave *ayurveda* to several sages, one being Bharadvaja and another being Atri, who passed it on to his son Atreya. 10 Because this explanation requires that Atri be read into the myth, it cannot be accepted as what the original intended. This sudden insertion points to a fundamental flaw in this traditional version of the transmission of medicine. It implies that the mythological origins of *ayurveda* may well have been an artificial creation, superimposed on previously existing material before all the inconsistencies were rectified.

The account of its origins of *ayurveda* in the opening section of Caraka’s medical compendium provides a good example of the process of establishing a body of knowledge as brahmanic by the application of a veneer of Hindu mythology. Members of the Hindu pantheon serve as the sources for the transference of new and specialised information, and a direct transmission through the pantheon to Hindu sages and disciples completes the process. The brahmanization procedure is enhanced along the way by obvious references to Hindu religious practices, ideologies, and doctrines. Seemingly non-brahmanic medical principles are reworked to disguise any doctrines. Seemingly non-brahmanic medical principles are reworked to disguise any inconsistency with heterodoxy. The textual material is skilfully crafted, except perhaps for a flaw left for a later commentator to try to rectify, so that it could leave no doubt in the minds of the medical students and practitioners that *ayurveda* is a Hindu science from its inception.

A similar technique is employed in the opening verses of the *Susruta Samhita* (Sutrasthan 1.1-21), the second of the classical medical treatises of early ayurvedic literature, which has surgery as its special emphasis. It presents the origins of *ayurveda* as expounded by Dhanvantari, the patron deity of surgical medicine. This account has even more of a mythic flavour than that found in the *Caraka Sambita*, and is non unlike the stories in the Hindu Puranas.

Once, when Lord Divodasa Dhanvantari, King of Kasi (Banaras), was residing in his hermitage, his sages 11 approach him and said: “Lord, there is trouble in our minds concerning peoples’ suffering from various ailments and injuries because of different physical, mental, and external diseases. Even though well cared for, they behave helplessly and cry out in agony. In order to relieve their misery and to enable them to remain healthy, we desire to hear your teaching on *ayurveda*, for it provides the ultimate well-being of people in this world and in the next.”

In Susruta, as in Caraka, the reason for the teaching of medicine was to eliminate human suffering caused by disease. The notion of removing human physical and mental pain is, it would seem, more a Buddhist than a Hindu attitude and teaching; and a sentiment of fundamental compassion for all living beings might well have sprung from the ancient ascetic principle of *abhima*, “not desiring to do harm to any living thing,” prevalent among ascetic communities before the Buddha.

Dhanvantari proceeds to explain that *ayurveda* is a subdivision of the *Atharvaveda*, that it was composed in one hundred thousand verses, and arranged into one thousand chapters by Lord Brahma before he created the world. However, because of the short life span and limited intellect of humans, Dhanvantari reduced *ayurveda* to the eight parts, viz. major surgery (*salya*), supraclavical surgery (*salakya*), general medicine (*kayacikitsa*), demonology (*bhutavidya*), toxicology (*agadatantra*), use of organic elixirs (*rasayanatantra*), and the science of fertility and virility (*vajikaranatantra*). These are the classical eight limbs (*angas*) of *ayurveda*.

The principal source of *ayurveda* here again is the god Brahma who, the twelfth century commentator Dalhana insists, is rather a transmitter than an originator. As a subdivision of the *Atharvaveda*, one of the four Vedas, medicine is situated firmly among the brahmanic sciences, even though the *Atharvaveda* has held a rather spurious place in the corpus of sacred Vedic scripture, being recognised as a revealed
Vedic scripture only from about the fourth century C.E. The division of medicine into eight parts or limbs illustrates an early codification of medicine which is quite unlike the division into three principles mentioned in Caraka’s account (above). It is reflective of a different, perhaps more brahmanic, mode of thought. Major surgery (salya) is deemed to be the foremost part of the surgical tradition of Susruta because previously it helped to heal traumatic wounds and in mythology was used to rejoin the head of the sacrificed victim. A version of the Vedic myth of the severed head is appropriately recounted in this context. “The head of the sacrifice was cut off by the violent god Rudra. Thereupon, the gods approached the twin horsemen healers, Asvins, and said, ‘You Lords are the best among us. You two must rejoin the head of the sacrifice.’ The two said, ‘Let it be so.’ Then for their sake, the gods propitiated Indra with a portion of the sacrificial offerings, and the head of the sacrifice was joined by those two.” The legend of the severed head originally occurred in the Vedic literature of the Brahmanas, and is found in slightly altered but popular version in the Bhagavata Purana (4.2-7). Here again the Veda is invoked to authenticate surgery and to make it an acceptable activity in the context of Hindu orthodoxy.

Next follows the account of the transmission of medicine from the gods to humans. Brahma first explained ayurveda to Prajapati who transmitted it to the Asvins. Indra learned it from the Asvins, and Dhanvantari got it from Indra. Dhanvantari taught it to Susruta and others for the well-being of all humans. As in the Caraka Samhita an unbroken transmission is offered for the Susruta Samhita, and thereby fixing it too in the mainstream of brahmanic orthodoxy. Unlike Caraka however, Susruta gives a flawless transmission.

Dhanvantari concludes the mythical story by saying, “I am Dhanvantari, the first god to remove old age (jara), disease (ruja), and death (nṛtya) from the gods. I have come forth in this world to teach major surgery and the other parts of ayurveda.” In this conclusion, the triad “old age, disease, and death” has a definite Buddhist ring to it, for, according to Buddhist legend, these were the three types of human conditions young Gautama observed on his three separate journeys away from the security of his palace before his great renunciation. However, when put into the mouth of Dhanvantari, the words assume a brahmanic significance, leaving no doubt that surgery was and is a Hindu science. The accounts of the origins of ayurveda found in these two early medical treatises reveal a type of brahmanization process, whereby a storehouse of heterodox medical knowledge is transformed into an orthodox science by the application of a brahmanic veneer. The elements that make up this veneer include first and foremost a mythology that establishes the direct transmission of knowledge from the gods to humans via a pantheon of Hindu deities and semi-divine and human individuals. This legitimises the information and confirms it as an orthodox system through connection will the past. Secondly, elements of brahmanic religious ideologies and practices are interwoven in the narrative to affirm the orthodox orientation of the science. Finally, as noticed in the account from the Susruta Samhita links are established with the earlier Vedic tradition of the Atharvaveda, and mythical stories from Vedic and Puranic literature are recounted to affirm connections with the Hindu past through its literature. Although elements indicative of Buddhism and perhaps other forms of ascetic heterodoxy might be identified in the passages from each treatise, they have been recast and altered to appear brahmanic.

This form of brahmanization is not new in the Indian intellectual traditions, for it occurs throughout the didactic Sastras of orthodox Hinduism. What is different however, is its use to effect an assimilation of heterodox ideas and information. The precise date this took place cannot be accurately determined, but it is likely that the process happened gradually over time as the two texts were redacted into their current forms. It is reasonable to assume that the brahmanization of ayurveda was completed during the Gupta Age (4th-7th centuries C.E.). It was in this period that the Atharvaveda was first reckoned as one of the four sacred Vedas, along with the Rg, Sama, and Yajur Vedas, and it was
during this time that the major Puranas were composed. Both the Caraka and Susruta Samhitas are large corpora of medical information. We have only examined a small, but significant part of these compendia to illustrate a trend that persists throughout these works. Their complete dissection, with an eye toward identifying further examples of the Hindu veneer, is required to determine more precisely and completely the process by which medicine was made a brahmanic science. The next group of medical texts demonstrates the connection both to Buddhist heterodoxy and brahmanic orthodoxy.

II

The next phase of medical literature acknowledges the Buddhist contribution to medicine. At the same time, it maintains brahmanic authority by recounting the mythological origins of ayurveda on the model of the earlier texts. Vagbhata the Elder’s Astangasamgraha and Vagbhata’s Astangahrdaya Samhita are two compilations of ayurvedic medical knowledge based on the earlier Caraka - and Susruta - Samhitas. Best estimates place them around the seventh century C.E., with the Astangahrdaya Samhita generally recognised as being slightly older than the Astangasamgraha.14

The first verse of the Astangasamgraha, found in one version,15 pays homage to the Buddha as healer.

Obeisance to the Buddha who, by the power of wisdom (prajna) and powerful utterances (mantras), subdued the dreadful snake of the mind (cittoraga), sleeping in the cavity of its own body. Its length represents desire (trsna), its head failure (asiddhi), its vibrating hood aversion (pradvesa), its poison sensual pleasure (kama) and anger (krodha), its fangs uncertainty (vitaruka), its terrible eyes passion (raga), and its face delusion (moha).

The form of Buddhism referred to in this verse is likely rooted in Mahayana, in which the notion of wisdom (prajna) is a fundamental principle and the use of power utterances (mantras) is an important part of the lives of Buddhist monks. The next verse is another invocation dial occurs in all the versions of the Astangasamgraha and in slightly altered form in Astangahrdaya. It makes what appears to be a veiled reference to the Buddha, as indicated by the used of the word raga, “passion,” that also occurs in connection with Buddha in the previous verse. Because the variations in the verse are important, the versions from both texts will be cited, beginning with Astangahrdaya (Sutrasthana 1.1)

Let there lie obeisance to the Unique Doctor (apurvavaidyda) who destroys all diseases beginning with passion (raga) which continually cling to and permeate the entire body, and cause anxiety (autsukya), delusion (moha), and dissatisfaction (arati).

The version found in Astangasamgraha (Sutrasthana 1.2) is very similar, but adds another line that brings medicine back into the realm of orthodox Hinduism by paying reverence to traditional teachers of ayurveda, including Pitamaha, who is either the god Brahma or an old teacher. This line is wanting in the version found in the Astangahrdaya.

I bow my head to the One Doctor (ekavaidyda) who quickly drove away from this very world all innate diseases beginning with passion (raga), together with their causes; and [I bow to] those beginning with Pitamaha who know the traditional medical texts (vaidyagama).

The correct identification of the Unique or One Doctor who removes innate diseases is crucial, but remains uncertain. The commentators Indu (12th-13th cent.) and Arunadatta (13th cent.) offer no identification but simply explain that he is unique because no other doctor has his qualities and no other doctor could conquer such innate and thus incurable diseases. The commentator Paramesvaradvijottama to Ah (date uncertain)16 identifies him with Mahadeva. The commentator Sridasapandita to Ah (early 14th cent), however, gives three possibilities: 1. the
views of Indu and Arunadatta (above); 2. the Supreme Being, who incorporates among other Isana, Visnu, and Rudra; and 3. the Buddha (=Sugata=Dharmaraja). The statement found in both texts that only this doctor removed all mental diseases that were innate in human beings and permeated their entire body strongly points to the Buddha as lord of medicine, especially since the first invocation found in a version of the Astangasamgraha explicitly mentions the Buddha as performing this type healing function.17

Having thus surreptitiously connected Buddhism and ayurveda in their opening verses, both Vagbhata the Elder and astronauts proceed with a typically brahmanic account of the origins of ayurveda. The mythological story is based on the paradigm of the earlier works, but has a few variations. They begin to orient the student to a brahmanical mode of thought by specifying that highest regard must be given to ayurvedic teaching by one who desires a life that provides adherence to righteousness (dharma), prosperity (artha), and happiness (sukha).18 Although the commentators understand that sukha includes kama and moksa to fill out the four aims, it might rather reflect a Buddhist influence.

Next follows the two authors’ account of the mythological origin of ayurveda on the lines given in the earlier Samhitas.

Since Astangahrdaya is a simplification of what occurs in Astangasamgraha, we shall begin with the longer version found at Astangasamgraha (Sutrasthana 1.4-14a).

The god Brahma, recognising that the nectar (amrta) of ayurveda is universal (or useful) and eternal, passed it on to Daksa (=Prajapati), who gave it to the Asvin-twins, who in turn taught it to Indra. When humans became afflicted with diseases that obstructed their attainment of the four aims of life, a group of physicians and sages who included Dhanvantari, Bharadvaja, Nimi, Kasyapa, and Kasyapa, appointed Punarvasu Atreya as their leader and went to the god Indra for help. The thousand eyed Indra recited to them in a traditional manner (yathagama) the knowledge that preserves life (ayurveda), known to be a secondary knowledge (aparveda) of the Atharvaveda. Ayurveda was thus divided into eight limbs19 which Pitamaha recognised as auspicious.

The mention of Dhanvantari and Punarvasu Atreya in the same context acknowledges Vagbhata the Elder’s indebtedness to both the Caraka- and Susruta-Sambitas. Vagbhata the Elder continues his account by explaining how medicine was brought to humans. Understanding the ayurvedic teachings offered to them by Indra, and discussing them among themselves, the great sages were pleased and returned home. There, they composed books (tantras) in order to establish ayurveda in this world and taught it to their students, who included Agnivesa, Harita, Bheda, Mandavya, and Susruta. They learned the subject well and composed books of their own which they then recited to their teachers at a gathering of very wise sages. Only those books the sages deemed praiseworthy eventually received fame in this world. This concludes the story of how medicine was brought to humans.

Vagbhata’s simplified version in Astangahrdaya (Sutrasthana 1.3-4ab) states that Brahma, recalling (smrtra) the knowledge of long life (ayurveda), explained it to Prajapati, who passed it on to the Asvin-twins, who gave it to Indra, who taught it to the sages beginning with Atreya, who transmitted it to Agnivesa and others. They then individually composed (medical) books (tantras). The names mentioned in this abbreviated account connects Astangahrdaya closely with the Caraka Sambita. These two retellings of the origins of ayurveda follow the earlier paradigms that establish the orthodox brahmanic basis of ayurveda by the application of a veneer of Hindu mythology. Yet both texts acknowledge a heterodox contribution to the system of medicine in the opening verses by paying homage both explicitly and surreptitiously to the Buddha. One might say that reverence is first given to the Buddha because the authors recognised him as the principal teacher of medicine. Variations from the earlier versions of the mythological stories could reflect the emphases of different schools,
yet further investigation may revealing something more significant. Both authors acknowledge the importance of the academic tradition of ayurveda which emphasises textual transmission rather than practical application. The examination of the earliest compilations of ayurveda reveal that a conscious effort was undertaken to render a body of medical knowledge into a brahmanical science by the application of a Hindu mythological veneer. This brahmanization process appears to have been cleverly disguised, yet nevertheless observed, in the Caraka- and Susruta-Sambitas. In the subsequent collections of the Astangahrdaya and Astangasamgraha, both the heterodox Buddhist and the orthodox Hindu origins of medicine are mentioned. The former is acknowledged both explicitly in one version and in a disguised way in other versions, and the later by means of a paradigm established in the classical works of Caraka and Susruta. Further research of the next group of classical ayurvedic texts could reveal the extent to which the paradigm was followed or abandoned.

Abbreviations and Bibliography

Ah Astangahrdayasambhita.

As Astangasamgraha.


Su Sutrasthana.


Notes:


3 It is quite reasonable to assume that much of the medicine of the Vedic phase might well have derived from what we may call indigenous traditions, but unfortunately evidence necessary to confirm this supposition is largely unavailable.


5 It should be pointed out throughout this account the traditional commentaries insist that Brahma was merely a transmitter or reductor rather than a creator of ayurveda.

6 The great sages are the following: Angiras, Jamadagni, Vasistha, Kasyapa. Bhrgu, Atreya, Gautama, Pulastya, Narada, Asita, Agastya, Vamadeva, Markandeya, Asvalayana, Bhrgu, Atreya, Kasyapa, Bhrgu, Atreya, Gautama, Sankhya, Pulastya, Narada, Asita.

7 Cakrapanidatta states that dharma is connected with the Self (atman) and is to be inferred from a proper discernment of deeds; artha is (the acquisition of) gold, etc.; kama involves the embracing of a woman, etc.; and moksa is the release from the round of rebirth (samsara).

8 Cakrapanidatta explains that these three principles encompass the entirety of ayurveda. He says that aetiology includes immediate and distant causes; symptomatology includes all the signs and indications of both disease and health; and therapeutics includes all wholesome things, drugs and diet.

9 This formulation of the padarthas corresponds to that in Kanada’s Vaisesikhastra (4), but not in the same word order.

10 The name atreya derives from atri.

11 These sages are Aupadhenava, Vaitarana, Aurabhra, Pauskalavata, Karaviya, Gopurararaksi and Sursruta. Important among them is Sursruta, the original author of the Susruta Samhita.

12 For an account of it in the Brhadaranyaka, see K.G. Zysk, Asceticism and Healing in Ancient India, pp. 22-23. A summary of the Puranic account, is as follows: Daksa (Prajapati) organised a sacrifice to which he invited all his daughters save Sati and her husband Siva. Sati attended the sacrifice on her own; and finding Siva was not given a share of the offering, she left her body. When Siva learned of this, he assumed the terrible form of Bhairava, denounced the sacrifice, and cut off Prajapati’s head. Seeing this the gods petitioned Bhairava as Siva to restore Prajapati’s head. Siva, being appeased, put the head of a goat on Prajapati’s body and brought him hack to life. (The parts pertaining the cutting and replacing of the head occur at Bhagavata Purana 4.5.22-26 and 4.7.1-9; see also G.D. Singhal, et al. Fundamental and Plastic Surgery Considerations in Ancient Indian Surgery (Varanasi: G.D. Singhal Publications, 1981), p. 25 n 1.)


15 AsSu 1.1. This verse occurs in the texts based on a manuscript in the collection of the Asiatic Society of Bombay (No. BD 263/ 1-6), which is dated Sake 1782 (=1859 C.E.). All versions of the text containing Indu’s commentary lack this verse.


17 Claus Vogel comes to the same conclusion after having examined this verse in both the Sanskrit and Tibetan versions of the Astangahrdaya (Clas Vogel, ed, and trans. Vagbhata’s Astangahrdayasamhita.), p. 45.

18 AsSu 1.3-AsSu 1.2.

19 The eight limbs enumerated at Astangasanggraha (Su- 1.9bc) (also found at AsSu 1.5) have different names from those given in the Susruta Samhita (see above: kaya (internal medicine), bala (paediatrics), graha (demonology), ardhwanga (supraclavical medicine), sahas (major surgery), damatra (toxicology), jara (use of organic elixirs), and rasa (science of fertility and viability).